



Hook Into Health

“Creating A Healthier Tomorrow”

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State Health Officer Receives UTMB Graduate School of Biomedical Sciences 2001 Distinguished Alumnus Award

The 2001 Distinguished Alumnus Award from the University of Texas Medical Branch was presented to Dr. Mary Elizabeth Guinan, Nevada State Health Officer.

Guinan received a B.A. from Hunter College, City University of New York and her Ph.D. from UTMB in Physiology and Biochemistry. She received her M.D. from Johns Hopkins School of Medicine. Throughout Dr. Guinan's impressive career, she has amassed an extensive array of awards and honors for her contributions and dedication to public service, including the Surgeon General's Exemplary Service Award. Her most impressive accomplishments have been in improving the health and quality of life of the American public and individuals around the world.

Dr. Guinan began working at the Centers for Disease Control and Prevention in 1974 and continued there for 22 years as a physician, scientist,

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Public Health

A Day In The Life

You have recently been diagnosed with Type II Diabetes*, and are uncertain how to make lifestyle changes to manage the disease. While watching a local cable channel, you discover a weekly diabetes educational program that informs you of a government program called *Nevada Diabetes Control*. Thinking, what a great resource, you give them a call. The friendly staff provides you with information along with national and local diabetes programs and support groups in the community. Now, managing diabetes doesn't seem so hard and you think, "I can do this."

*Two Main Types of Diabetes

TYPE 1: the pancreas makes little or no insulin. A person with type 1 diabetes must take insulin every day. Type 1 diabetes appears suddenly and occurs in about 5% of people with diabetes.

TYPE 2: the pancreas still makes insulin, but the cells do not use it properly. They are "insulin resistant." 90-95% of diabetes is type 2. Type 2 diabetes appears gradually.

Many people have no clear symptoms. If present, symptoms may include constant thirst, frequent urination, extreme hunger, rapid weight loss, nausea or vomiting, blurred vision, a lack of energy. If you have any of these symptoms, please see your health-care provider.

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Mission Statement

"Promote and protect the well being of Nevadans and visitors to our state by preventing disease, injury, and disability."

Financial Exploitation of the Elderly: The Deadly Crime

By Attorney General Frankie Sue Del Papa

A retired, partially blind colonel is found dead far from his home, locked in a box. His trusted caregiver is subsequently arrested for murder after helping himself to the colonel's money for quite some time.

A former Las Vegas showgirl is found dead in an upstairs closet of her home many days after she died. Her trusted caregiver is arrested for murder after helping herself regularly to the woman's money.

These stories are all too common. There are stories of family members intimidating their parents into turning over the Social Security money; stories of caregivers breaking the neck of a pet bird to intimidate an elderly person into compliance; stories of "new best friends" sneaking into the confidence of elderly people only to obtain control of their money or property; stories of cons promising lifetime care in exchange for the deed to a house and then disappearing and taking huge mortgages out against the property; and stories of cons who actually marry the elderly person and then take them to the cleaners.

Studies have shown a common link between financial exploitation and physical abuse, neglect, and even murder.

In cases of abuse or neglect, the psychological and emotional toll on the victim is immeasurable. Often, the abuser uses intimidation, undue influence and deception against the vulnerable elderly person in order to gain control of assets. Perpetrators threaten injury, abandonment, destruction to prized possessions, harm to pets, or unreasonable placement in a nursing home if the victim will not cooperate.

In Nevada, exploitation is defined as any act taken by a person who has the trust and confidence of an older person or any use of the power of attorney or guardianship of an older person to obtain control, through deception, intimidation or undue influence, over the older person's money, assets or property, with the intention of permanently depriving the older person of the ownership, use, benefit or possession of his money, assets, or property. The law specifically excludes the normal influence that one member of a family has over another. NRS 200.5092(2)

As a community, we can help the elderly by making sure they are not isolated. Lonely elderly citizens are often targets. Advanced age, status as a widow or widower, possible physical or mental problems, or lack of contact with the outside world can be danger signals. Services are available. If you know someone who may be the victim of exploitation, or who is isolated and in need of assistance, call the Nevada Division for Aging Services in Reno at (775) 688-2964 or in Las Vegas at (702) 486-3545.

As a family member, you can help further by thoroughly checking the references of caregivers or other hired help. Beware of hiring persons who complain of financial difficulties. If at all possible, the caregiver and the management of money should always be handled by separate persons.

Nevada State Health Division, Oral Health Initiative

By Chris Forsch, Contractor

Bureau of Family Health Services

The Nevada State Health Division is proud to announce the establishment of *Prevent Abuse and Neglect through Dental Awareness* (P.A.N.D.A.) in Nevada. P.A.N.D.A. is a statewide coalition that provides education on the recognition and reporting of child abuse and neglect. The original P.A.N.D.A. coalition was founded in Missouri in 1992. P.A.N.D.A. is now established in 44 states and six countries.

Each year, almost three million children in this country are reported as being abused or neglected. In 1999, over 13,000 cases of abuse or neglect were reported in Nevada alone. Research shows that 65% of cases of physical abuse involve injury to the head, neck, and mouth. According to Dr. Lynn Mouden, DDS, MPH, founder of P.A.N.D.A., these areas of the body are visible to anyone if they are trained to recognize the signs and symptoms of abuse. Although P.A.N.D.A. classes were originally designed for dental audiences, the presentations can be tailored for a variety of groups, from lay persons to those with considerable backgrounds in health care or family violence.

P.A.N.D.A. Coalition members include Nevada State Health Division, Nevada Division of Child and Family Services, Clark County District Health Department, UNLV School of Dentistry, Community College of Southern Nevada Dental Hygiene program, Nevada Dental Association, Nevada Dental Hygienists' Association, Delta Care Dental Plan, Inc., and Saint Mary's Mission and Community Benefit.

P.A.N.D.A. classes have already been completed or are scheduled with the UNLV Pediatric Dental Residency program, dental hygiene classes at the Community College of Southern Nevada (CCSN), Las Vegas Metro police, Saint Mary's Take-Care-A-Van, Step 2, Clark County Child Protective Services, Health Access Washoe County (HAWC), Washoe County Social Services, Nevada Network Against Domestic Violence, and the annual Nevada State Health Division WIC Program Conference. Please contact Chris Forsch at (775) 684-4285 to schedule a class or for further information.

Youth Violence

By Trena E. Smith-Montes

Bureau of Alcohol and Drug Abuse

As we grieve for victims of youth violence, we wonder, "Why is this happening?" The effect of one's environment can be traumatic. The social competition that our children face is a battleground. Kids can be mean and words do hurt. The children pick on each other, put each other down, and gang up on the odd man out. These inhumanities cause instant hate, self-esteem damage, and long-term emotional damage. The old adages of "tomorrow's a new day," "get over it," nor "just ignore it" do not work. Our emotionally beaten-down youth are picking up weapons and ridding themselves of their persecutors.

Academics, scientists, criminologists, and psychologists are trying to find answers to our questions, but there is no exact cause of youth violence. A report, *Youth Violence: A Report of the Surgeon General*, presents "the strongest risk factors during childhood that contribute to violence are involvement in: substance abuse and/or alcohol and other drug use, guns, sex, being male, physical aggression, low family socioeconomic status or poverty, antisocial parent or ties to antisocial or delinquent peers, belonging to a gang, exposure to violent media, and involvement in other criminal acts." Yet this report also states, "Substantial numbers of serious violent offenders emerge in adolescence without warning signs in childhood."

Contributors to violence are: family dysfunction, child abuse, community disorder, racial discrimination, poverty, and the availability of guns. Increasing the incarceration rate for violent juvenile offenders has not yet reduced the incidence of youth violence, yet policymakers continue to build more prisons and incarcerate more young people. Recidivism rates remain high and researchers continue searching for answers to change a culture that seems to perpetuate the popularity of violence. These risk factors show that our society desperately needs violence prevention and intervention programs that target all people. They can support parents to help them cope with the emotional distress caused by dysfunctional youth. They can teach our youth skills and protective strategies to face their environmental conditions.

Preventing violence must be supported in all segments of our society. It must be included in the daily routines of our youth, our families, and our communities. Individual attitudes and behaviors cannot be changed unless our society as a whole confronts the symptoms of violence. We desperately

need to strengthen marriages and family relationships. We need to promote family involvement in neighborhoods, school peer groups, and after-school programs. We need to build competencies in our youth, particularly focusing on problem-solving, moral reasoning, decision-making, self-control, job and academic skills. We need intervention such as character education programs, law-related education classes, counseling geared toward conflict resolution, peer helper programs, home visitor programs for at-risk families, and required programs for children who commit major offenses in school. We need educational initiatives for teachers and personnel who have regular contact with youth to identify troubled and potentially violent juveniles.

If fulfilled, these prevention strategies could greatly reduce the amount of tragedies, but, unfortunately, there are little financial resources to support these activities. We need society to care. We need the nation's leaders and policy makers to care. We need the people with the money to care. Society must join together to combat all types of violence. Even though youth violence makes our future look bleak, there is one activity that all people can do to reduce violence. It costs no money and depends on how people treat each other. "Does anyone in our world remember how to be kind?"

The Bureau of Alcohol and Drug Abuse (BADA) is working with Join Together Northern Nevada to develop a statewide project designed to address the problems of youth violence, mental health, and substance abuse. The Center for Mental Health Services (CMHS) has awarded BADA \$185,726 for federal fiscal year 2001, with \$192,898 anticipated for 2002. The grant is sponsored by the CMHS's *Coalitions for Prevention* program, which is part of the *School Violence Prevention Initiative*. The purpose of the project is to effectively address violence perpetrated by youth as well as upon youth in Nevada through coordinated needs assessments, strategic planning, and program development. The goal of these efforts is to promote positive mental health in youth while reducing violence and substance abuse. It will be achieved through the development of local coalitions in charge of the needs assessment planning and implementation in their region or community. At least five coalitions will be supported through this project, and these local groups will comprise a larger statewide partnership designed to prioritize issues at the state level.

Clark County Forms Antibiotic Resistance Task Force

The emergence of bacterial strains that are resistant to antimicrobial agents is a growing concern for clinicians. There is substantial evidence that antibiotic resistance is driven by the widespread use of antibiotics and, for an individual patient, that taking an antibiotic increases their risk of miscarriage or infection with a resistant strain. While the benefit of antibiotic therapy is unquestioned for most bacterial infections, there are many situations where antibiotics could be used more judiciously. Judicious use of antibiotics is consistent with quality medical care, and the intention behind these materials is to help promote that goal.

Recognizing the need for a consistent approach to this growing problem, both in public education and in clinical practice, Clark County formed an Antimicrobial Resistance Task Force that is made up of health plans, hospitals, Clark County Health District, Washoe County Health Department, Nevada State Health Division, and other agencies whose goal is to reduce the prevalence of antibiotic resistance in Nevada. This initiative is now statewide and will be called *Nevadans for Antibiotic Awareness (NAA)*.

The Centers for Disease Control and Prevention (CDC) launched a national campaign to reduce unnecessary antibiotic use. One key component of this campaign is to provide materials to help clinicians effectively communicate these messages.

Although many of the messages and materials focus on the pediatric setting, the principles of judicious antibiotic use, as well as most of the specific messages, are relevant for adult patients also. One concept that we feel is important to promote is active management of viral respiratory infections. Through a combination of patient education and use of symptomatic therapy, patient needs and expectations can be satisfied without an antibiotic prescription.

The NAA will be launching statewide public and professional educational programs. Roll Out is October 1, 2001. The use of these educational materials will be targeted to providers to more effectively and efficiently inform patients about their illness and the rationale for physician treatment choice. For more information on antimicrobial resistance visit the CDC website at: www.cdc.gov/antibioticresistance.

New Diabetes Show Aired Every Sunday Morning

Carson City—The Nevada State Health Division announces the airing of an award-winning diabetes educational program Sunday mornings from 11:00-11:30 a.m. on Cable Channel 16 (SNCAT). This program, designed for persons with diabetes and those affected by diabetes, provides a broad spectrum of information on diabetes management, care, research, and resources. Each week, producer and host Bob Fisher features varied topics and guests. Guests include physicians, pharmacists, researchers, and other experts in diabetes.

The program is sponsored in part by the American Diabetes Association, the Nevada Diabetes Association for Children and Adults, and PacifiCare.

For more information, please contact the Nevada State Health Division, Program Manager, Diabetes Control Project, (775) 684-5949.

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and administrator. She initially served in India as medical epidemiologist for World Health Organization in the smallpox eradication program. Her international work continued as a consultant to the Pan American Health Organization in Guatemala for strategies for prevention and control of hospital-acquired infections in Central and South America. She worked in Pakistan as a consultant to the U. S. State Department following the Russian invasion of Afghanistan and to the Fiji Medical Society, World Health Organization in Gabon, Africa, as well as Kuala Lumpur, Malaysia, in Singapore, Ireland and in Kenya. Dr. Guinan was an integral member of the task force that investigated the first cases of AIDS. Her work in the Acquired Immune Deficiency Syndrome epidemic was described in Randy Shilt's book (and movie by the same name), *And the Band Played On*.

Dr. Guinan has been an advocate for and a champion of women's health for many years, donating her time to provide health care for women, writing a long-running women's health column for the Journal of the American Medical Women's Association. She led a special community-based initiative to improve the health and quality of life in inner cities in partnership with urban communities and was the driving force in establishing Urban Research Centers in Detroit, New York City, and Seattle. In 1998, she retired from the CDC and began a second career as State Health Officer for Nevada.

First Quarter, 2000 vs. 2001

	Jan.-Mar. 2000	Jan.-Mar. 2001	YTD 2000	YTD 2001	% Change
AIDS	65	51	65	51	-22%
AMEBIASIS	0	4	0	4	400%
ASEPTIC MENINGITIS	14	16	14	16	14%
INFANT BOTULISM	0	1	0	1	100%
CAMPYLOBACTERIOSIS	27	49	27	49	81%
CHLAMYDIA	945	1218	945	1218	29%
CHOLERA	0	0	0	0	0%
COCCIDIOIDOMYCOSIS	5	9	5	9	80%
CRYPTOSPORIDIOSIS	1	1	1	1	0%
DIPHThERIA	0	0	0	0	0%
E.COLI 015	2	1	2	1	-50%
ENCEPHALITIS (PRIMARY)	0	1	0	1	100%
GIARDIASIS	36	47	36	47	31%
GONORRHEA	334	435	334	435	30%
HANTAVIRUS (HPS)	0	0	0	0	0%
H.FLU INVASIVE	1	7	1	7	600%
HEPATITIS A	16	40	16	40	150%
HEPATITIS B	5	16	5	16	220%
HEPATITIS C	1	2	1	2	100%
HEPATITIS (UNSPECIFIED)	1	0	1	0	-100%
HIV INFECTION	88	77	88	77	-13%
LEGIONELLOSIS	0	2	0	2	200%
LEPROSY	0	0	0	0	0%
LYME DISEASE	0	1	0	1	100%
MALARIA	1	2	1	2	100%
MEASLES	0	0	0	0	0%
MENINGOCOCCAL DISEASE	1	4	1	4	300%
MUMPS	2	0	2	0	-200%
PERTUSSIS	3	5	3	5	67%
PLAGUE	0	0	0	0	0%
POLIO	0	0	0	0	0%
PSITTACOSIS	0	0	0	0	0%
RABIES, ANIMAL	0	0	0	0	0%
RELAPSING FEVER	0	0	0	0	0%
ROTAVIRUS	234	246	234	246	5%
RSV	235	244	235	244	4%
RUBELLA	1	0	1	0	-100%
SALMONELLOSIS	39	41	39	41	5%
SHIGELLOSIS	40	14	40	14	-65%
SYPHILIS, P&S	2	2	2	2	0%
SYPHILIS TOTAL	18	14	18	14	-22%
TETANUS	0	0	0	0	0%
TOXIC SHOCK SYNDROME	0	0	0	0	0%
TUBERCULOSIS	38	19	38	19	-50%
TULAREMIA	0	0	0	0	0%
TYPHOID FEVER	0	1	0	1	100%
YERSINIOSIS	2	2	2	2	0%

*= provisional totals for 2001



Welcome to **Pam Graham**, appointed Bureau Chief, Bureau of Licensure and Certification. Pam is no stranger to State service with more than 34 years in public health. Clearly, she'll make great things happen in her new position.



Welcome to **Claudette Thompson**, Administrative Assistant for the Bureau of Community Health. Claudette previously worked for Assemblywoman Kathy McClain at the Legislative Counsel Bureau.



Welcome to **Richard Whitley**, appointed Chief, Bureau of Community Health. The newly created Bureau of Community Health consolidates two former bureaus, Bureau of Community Health Services and Bureau of Disease Control and Intervention Services, into one coordinated public health resource. Richard's public and mental health expertise spans more than 15 years. His unique ability to "get the job done right, the first time," is why we know he'll succeed.



Welcome to **Brad Towle**, Health Program Specialist with the Bureau of Alcohol and Drug Abuse. Brad comes to us from the State of Montana, Department of Health. He has 14 years of public health experience.



Welcome to **Brady Janes**, Child and Adolescent Health Coordinator with the Bureau of Family Health Services. Brady was previously employed by the Washoe County School District for five years as a Science Teacher.



Welcome to **Lara Wall**, Administrative Assistant for the Bureau of Community Health. Lara transferred from Nevada State Special Children's Clinic and has been with the State for five years.

Farewell



Welcome to **Tim Pollard**, Health Resource Analyst with the Bureau of Vital Statistics. Tim recently graduated from the University of Nevada, Reno, with a degree in Economics.



Welcome to **Adele Basham**, Supervisor, Drinking Water State Revolving Fund Program, Bureau of Health Protection Services. Adele transferred from the Nevada Division of Environmental Protection. Adele has been with the State for 11 years.



Welcome to **Christopher Ipsen**, Computer Network Specialist with the Health Division. Christopher comes to us from Washoe County School District's Information Technology Section.



Welcome to **Ethel Bennett**, Accountant with the Bureau of Health Protection Services. Ethel worked for the Nevada State Controller's Office before arriving at the Nevada State Health Division. Ethel has 10 years with the State and has been a Certified Public Accountant for 18 years.



Welcome to **Sharon Wicker**, Administrative Assistant for the Health Division Administration. Sharon brings more than 25 years experience to the job.

Farewell . . .

The Nevada State Health Division bids farewell to **Stephany Gibbs**, Administrative Services Officer. Stephany transferred to the Nevada Division of Forestry. Our best wishes for continued success and thanks for your hard work in "crunching" numbers and for your genuine kindness.

We also bid farewell to **Deborah Harris**, Personnel Officer. She transferred to the Integrated Financial Systems with Nevada Department of Personnel. Best wishes for continued success and many thanks for handling all those "personnel" challenges with a blend of compassion and professionalism.

We bid farewell and good luck to **Julie Abarzua**, Prevention Specialist with the Bureau of Alcohol and Drug Abuse. Thanks for your many years of outstanding service.

Substance Abuse Treatment Is Needed

By Trena E. Smith-Montes

Bureau of Alcohol and Drug Abuse

Deaths, illness, and disabilities from substance abuse, including tobacco, alcohol, and other drugs, may be greater in number than from any other preventable health condition. Millions of people, young and old, are without treatment for the affliction that torments them, their families, and affects each one of us either directly or indirectly. Some people give up, some deny and ignore the issue, and some try to deal with addiction by themselves. Even with these personal barriers, there are greater obstructions that deny people the treatment they need. Over the years, social apathetic views have pushed the treatment subject aside. Restrictive policies, lack of money for adequate facilities, and poor insurance coverage further restrict people from getting the help they need to lead functional and productive lives.

Now that incarceration may not be working as a deterrent, we are faced with a huge burden on the health care system. In a recent report, *Substance Abuse: The Nation's Number One Health Problem*, by the Schneider Institute for Health Policy at Brandeis University for the Robert Wood Johnson Foundation, many facts were identified that society can no longer ignore. Out of the billions of dollars spent by the Federal government to control substance abuse, only 18 percent of the Federal drug control budget is dedicated to treatment.

According to *Estimating Substance Abuse and Treatment Need in the State of Nevada*, a report by the Center for Applied Research, University of Nevada at Reno, "approximately 93.5 percent of those in need of treatment did not receive services, which was approximately 121,000 individuals." When there is not enough capacity to serve those in need of treatment, people have to be placed on waiting lists. Current Bureau of Alcohol and Drug Abuse (BADA) statistics show that during only six months (July 1, 2000 and December 31, 2000) there were 296 clients placed on waiting lists. There were also 59 priority clients placed on waiting lists that include pregnant women and injection-drug users.

In calendar year 2000, BADA-funded treatment had a total of 11,204 admissions. Women represented 33 percent of these clients and seven percent of those women were pregnant at time of admission. Looking back to 1999, BADA admissions for women totaled 3,387. Sixty-nine percent of these women had dependent children under the age of 18. Without treatment services, the future may look very bleak for these youth. We all must acknowledge and support the need for substance abuse services. Education works. Prevention works. Substance abuse treatment IS needed—because substance abuse affects us all, and for some the effect is life-long.

Physical Activity: It's Not What You Think

By Kim Neiman

Diabetes Control Project

Heart disease (34 percent of all deaths), cancer (25 percent), and stroke (7 percent) account for two-thirds of all deaths in the United States and large amounts of illness, suffering, and financial cost. A small number of health-risk behaviors contribute enormously to these major causes of death and illness. Physical inactivity is second to tobacco use in major health-risk factors that are preventable.

Despite the mounting evidence in favor of an active lifestyle, a recent national study showed that only one in four adults exercised enough in the 1990s. For years Americans have heard the message that they should exercise vigorously for at least 20 minutes per day, 3 times per week. And many have felt that if they couldn't do this, why do anything at all.

Now there's good news! The report from the Surgeon General confirms that physical activity doesn't need to be strenuous to achieve health benefits. The Centers for Disease Control and Prevention (CDC) recommends 30 minutes of moderate exercise, such as walking, five times a week, or 20 minutes of vigorous exercise, such as running, three times a week. The better news is that the 30 minutes can be broken down into chunks as small as ten minutes. This can substantially reduce your risk of developing heart disease, type II diabetes (formerly adult onset), high blood pressure, and colon cancer.

And it's not "exercise" that's important; it's being physically active. So whether you walk the dog, run, wash the car, garden, play with the kids, shovel snow, dance, bike, do yoga or jump on a trampoline—the important point is—get moving!

'Most barriers to your success are man-made. And most often, you're the man who made them.' Frank Tyger

WHAT'S THE QUALITY OF YOUR DRINKING WATER?

By Galen Denio

Bureau of Health Protection Services

All too many of us take the quality of our drinking water for granted. We've assumed our water's quality without questioning where it originated. For many who are served by a public water system, the source of drinking water may be a groundwater well and/or surface water source. For others, especially in rural areas, the source may be a domestic well. A few may even rely on rainwater cisterns, hauled water, or bottled water.

Public water systems, which are those systems serving 15 or more service connections or that regularly serve 25 or more persons, must meet a number of state and federal laws. The Nevada State Health Division has adopted regulations and standards to ensure that public water systems are built to acceptable standards and to make sure that other requirements are met. For instance, the Health Division ensures that public water systems routinely sample and test the quality of their water. If contaminants are found which exceed the maximum contaminant level standards for drinking water, the Health Division will require the public water system to take action to correct the problem. Consequently, a person traveling through Nevada or, for that matter, anywhere in the United States should be confident that water from a public water system is safe to drink.

Waters from systems that are not public water systems are not subject to these stringent water quality standards. This includes domestic wells serving individual homes and small systems serving fewer than 15 service connections or serving less than 25 persons. Also, unless its source is a public water system, even bottled water may not meet the standards that public water systems must meet.

If it is suspected of containing contaminants, water should be tested by a certified environmental laboratory in order to ascertain what and how contaminants should be removed. Once the correct treatment process is identified, properly designed and certified equipment can be purchased. NSF International™ provides certification for drinking water units (for more information, see their website: www.nsf.org).

For single-family homes, a "point-of-use" treatment unit may be appropriate. Reverse-osmosis units, which treat water by forcing it through a membrane to remove contaminants, are popular units for this application. The units should be installed by a qualified installer and should be maintained in accordance with operating instructions. Water from these units tends to be corrosive, so they should not be used to deliver water to equipment (such as icemakers, coffee makers, etc.). Water tests may indicate that other types of units are just as efficient, less costly, and easier to operate.

If you are served by a public water system, contact the water system directly if you have questions about your water quality. You should also receive or have access to a "Consumer Confidence Report" (CCR) published annually by your water purveyor. If you are not served by a public water system, you may want to have your water tested by a certified environmental laboratory. The Health Division's Bureau of Licensure and Certification publishes a list of certified environmental laboratories. Information about these laboratories can be obtained at: <http://health2k.state.nv.us/environmental/>.

The Immunization Action Coalition (IAC) Launches New Website

The new IAC website, as part of a cooperative agreement with the Centers for Disease and Prevention (CDC), showcases programs across the United States that work to prevent hepatitis A, B, or C in people who are at risk for infection.

Health and social service professionals who develop or manage programs for populations at risk for hepatitis can use this site to read about other programs that use innovative methods of preventing viral hepatitis. The site includes information about programs for men who have sex with men (MSM), clients of sexually transmitted diseases (STD) and family planning clinics, drug treatment and needle exchange programs, adult and juvenile correctional facilities and more. Contact information is included with each program, as well as links to background information and related organizations. Visitors can also download appropriate IAC educational material for their clients.

To check out this new resource, log on to: <http://www.hepprograms.org>. If you would like your high-risk hepatitis prevention program to be included on the site, please follow the "Tell us about your program" link or E-mail Teresa Anderson at the Immunization Action Coalition at: evaluation@immunize.org.

HOW TO DETECT 12 TYPES OF CANCER

Signs and symptoms and the procedures recommended for early detection are:

- **SKIN CANCER:** Any change on the skin, especially a change in the size or color of a mole or other darkly pigmented growth or spot. Scaliness, oozing, bleeding, or change in the appearance of a bump or nodule, the spread of pigmentation beyond its border, a change in sensation, itchiness, tenderness, or pain. Adults should practice skin self-exam regularly. Suspicious lesions should be evaluated promptly by a physician. Basal and squamous cell skin cancers often take the form of a pale, waxlike, pearly nodule, or a red, scaly, sharply outlined patch. A sudden or progressive change in a mole's appearance should be checked by a physician. Melanomas often start as small, mole-like growths that increase in size and change color. A simple ABCD rule outlines the warning signals of melanoma: **A** is for asymmetry. One half of the mole does not match the other half. **B** is for border irregularity. The edges are ragged, notched, or blurred. **C** is for color. The pigmentation is not uniform or intensely black. **D** is for diameter greater than six millimeters. Any sudden or progressive increase in size should be of particular concern.
- **PROSTATE CANCER:** Weak or interrupted urine flow; inability to urinate, or difficulty starting or stopping the urine flow; the need to urinate frequently, especially at night; blood in the urine; pain or burning on urination; continuing pain in lower back, pelvis, or upper thighs. Most of the symptoms are nonspecific and similar to those caused by benign conditions such as infection or prostate enlargement. Both the prostate-specific antigen blood test and the digital rectal examination are recommended annually beginning at age 50 for men who have a life expectancy of at least ten years and for younger men who are at high risk. Men in high risk groups, such as those with a strong familial predisposition or African Americans may begin at a younger age (e.g., 45 years).
- **BREAST CANCER:** A breast lump, thickening, swelling, distortion or tenderness; skin irritation or dimpling; nipple pain, scaliness or retraction. Women 40 and older should have an annual mammogram, an annual clinical breast exam performed by a health care professional, and should perform monthly breast self-examination. Women ages 20-39 should have a clinical breast exam performed by a health care professional every three years and should perform monthly breast self-examination.
- **LUNG CANCER:** Persistent cough, sputum streaked with blood, chest pain, and recurring pneumonia or bronchitis. Because symptoms often do not appear until the disease is advanced, early detection is difficult. In those who stop smoking when precancerous changes are found, damaged lung tissue often returns to normal. Chest x-ray, analysis of cells contained in sputum, and fiberoptic examination of the bronchial passages assist diagnosis.
- **COLON AND RECTUM CANCER:** Rectal bleeding, blood in the stool, a change in bowel habits. Men and women aged 50 or older should follow one of the following examination schedules: (a) A fecal occult blood test every year and a flexible sigmoidoscopy every five years. (b) A colonoscopy every ten years. (c) A double-contrast barium enema every five to ten years. Note: a digital rectal exam should be done at the same time as sigmoidoscopy, colonoscopy, or double-contrast barium enema. People who are at moderate to high risk for colorectal cancer should talk with a doctor about a different testing schedule.
- **LYMPHOMA:** Enlarged lymph nodes, itching, fever, night sweats, anemia, and weight loss. Fever can come and go in periods of several days or weeks.
- **URINARY BLADDER CANCER:** Blood in the urine, usually associated with increased frequency of urination. Bladder cancer is diagnosed by examination of cells in the urine and examination of the bladder wall with a cystoscope, a slender tube fitted with a lens and light that can be inserted into the tract through the urethra.
- **ENDOMETRIUM (UTERUS) CANCER:** Abnormal uterine bleeding or spotting. Pain and systemic symptoms are late manifestations of the disease. Women 40 and over should have an annual pelvic exam by a health professional. Endometrial biopsy is recommended at menopause and periodically thereafter for women at very high risk.
- **ORAL CAVITY AND PHARYNX CANCER:** A sore that bleeds easily and does not heal; a lump or thickening; a red or white patch that persists. Difficulty in chewing, swallowing, or moving tongue or jaws are often late symptoms. Cancer can affect any part of the oral cavity, including the lip, tongue, mouth, and throat. Dentists and primary care physicians have the opportunity, during regular checkups, to see abnormal tissue changes and to detect cancer at an early, curable stage.
- **PANCREAS CANCER:** Generally occurs without symptoms until it is in advanced stages. If a cancer develops in an area of the pancreas near the common bile duct, its blockage may lead to jaundice. Sometimes the tumor is an early stage. At present, only biopsy yields a certain diagnosis.
- **LEUKEMIA:** Fatigue, paleness, weight loss, repeated infections, bruising easily, and nosebleeds or other hemorrhages. Chronic leukemia can progress slowly with few symptoms. Because symptoms often resemble those of other, less serious conditions, leukemia can be difficult to diagnose early. When a physician does suspect leukemia, diagnosis can be made using blood tests and bone marrow biopsy.
- **OVARY CANCER:** Often there are no obvious signs or symptoms until late in development. The most common sign is enlargement of the abdomen caused by accumulation of fluid. Abnormal vaginal bleeding is rare. In women over 40, vague digestive disturbances that persist and cannot be explained by any other cause may indicate the need for a thorough evaluation for ovarian cancer. Periodic, thorough pelvic exams are important. The Pap test, useful in detecting cervical cancer, rarely uncovers ovarian cancer. Transvaginal ultrasound and a tumor marker, CA 125, may assist diagnosis but are not recommended for routine screening.

Source: *Cancer Facts and Figures 1998*

HEALTH ALERT NETWORK

Disease Prevention News

By Jeff Whitesides and Mike Huse

Bureau of Community Health

Foot-and-mouth disease is a viral disease of cloven-hoofed animals (such as cattle, pigs, sheep, goats, llamas, and deer).

Recent media coverage of the foot-and-mouth disease outbreak in Europe demonstrates the grave consequences of introducing a foreign disease regardless of whether it is in humans or animals.

Although humans are not immune to foot-and-mouth disease, it has no significant public health impact because this disease crosses the species barrier into humans with difficulty and with little effect. Only 40 human cases of foot-and-mouth disease have been recorded, and not all of those cases are scientifically authenticated. On those rare occasions when the disease manifests itself in humans, it is a mild, self-limiting disease that typically occurs in persons who have the potential for heavy viral exposure, such as laboratorians and veterinarians. There is no documentation of person-to-person transmission. Symptoms may include low-grade fever, cephalgia, anorexia, and tachycardia. A primary vesicle appears at the site of penetration (skin wound or oral mucosa) with the formation of secondary vesicles in the mouth and on the hands and feet. Recovery is usually uneventful and complete in 1 to 2 weeks. Differential diagnoses include other vesicular diseases of humans, especially the Coxsackie A virus infection known as hand, foot, and mouth disease.

Foot-and-mouth disease is one of the most difficult animal infections to control. The Picornavirus virus that causes foot-and-mouth disease is very hardy and can survive outside the animal host for long periods of time. The only continents currently free of the disease are North America, Australia, and Antarctica.

To prevent foot-and-mouth disease from being imported into the United States, the following advice should be given to travelers coming from the United Kingdom and other countries in which the disease occurs:

- Comply with customs regulations regarding bringing animals or animal products into the United States.
- Wipe soil and dirt from shoes, luggage, pet carriers, and other personal items using a bleach solution (5 tbsp/gallon of water).
- Bathe and launder clothing immediately upon return from overseas.
- Bathe pets immediately upon their return from overseas. (Cats and dogs cannot become infected with foot-and-mouth virus, but their feet or fur can function as fomites.)
- Avoid farms, zoos, sale barns, stockyards, animal laboratories, fairs, or other animal facilities for at least five days after returning to the U.S.

While the impact of foot-and-mouth disease on human health appears to be of little importance, an outbreak in animals would have staggering economic and psychological consequences due to destruction of animals, meat and milk production losses, diminished revenue from tourism, and increased prices of foods of animal origin.

National Health Observances

SEPTEMBER

National Alcohol and Drug Addiction Recovery Month
Leukemia Awareness Month
National Food Safety Education Month
Prostate Cancer Awareness Month

OCTOBER

Child Health Month
Domestic Violence Awareness Month
Breast Cancer Awareness Month

NOVEMBER

Child Safety Protection Month
Diabetes Month
Great American Smokeout, November 15
Washoe Health Enhancement Services/Diabetes Fair
November 15, Sienna Hotel, Reno

DECEMBER

World Aids Day, December 1
Preventive Health Month



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<u>Bureau of Licensure & Certification</u>	(775) 687-4475
Emergency Medical Services	(775) 687-4475
<u>Bureau of Family Health Services</u>	(775) 684-4285
Women, Infants, and Children (WIC)	1-800-8NEVWIC
Baby Your Baby	1-800-4BYBNOW
SCC, Reno	(775) 688-1341
SCC, Las Vegas	(702) 486-7670
<u>Bureau of Community Health</u>	(775) 684-5900
Community Health Promotion / Educator	(775) 684-8014
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Women's Health Connection	1-888-463-8942
AIDS Hotline	1-800-842-AIDS
Immunization Program for VFC Providers	(775) 684-5913
Sexually Transmitted Diseases (STD's)	(775) 687-4800
Diabetes Control Project	(775) 684-5949
TB	(775) 684-5938
Tobacco	(775) 684-5914
<u>Bureau of Alcohol and Drug Abuse</u>	(775) 684-4190



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